

STATE OF RHODE ISLAND - M.V. SAFETY & EMISSION CONTROL DIVISION
325 MELROSE ST, PROVIDENCE, RI 02907 TEL: 222-2983

APPLICATION FOR APPOINTMENT AS AN OFFICIAL INSPECTION STATION

*****THIS SECTION FOR OFFICE USE ONLY*****

ACCOUNT # _____ STA. NO. _____ NEW _____ RENEWAL _____ \$ 25 FEE YES _____ NO _____ KIND _____
ATTACHED: _____

APPROVED FOR CLASS _____ BY _____ DATE APPROVED _____ EXPIRES: _____

CORPORATION NAME _____ DATE SUBMITTED _____

BUSINESS NAME _____ TELEPHONE NO. _____

LOCATION ADDRESS _____ NORMAL INSPECTION HOURS _____

MAILING ADDRESS _____

IF "FLEET STATION" Number of vehicles registered in Rhode Island: _____

Has any Inspection Station appointment of yours been SUSPENDED, REVOKED OR REFUSED?

IF "YES", State what year _____

I, (we) the undersigned, hereby make application for a Class _____ Official Inspection Station License at the location indicated above and certify that I, (we) have now and will have continuously in effect a **GARAGE KEEPER'S LEGAL LIABILITY INSURANCE POLICY WITH A MINIMUM OF \$25,000** Liability Coverage, as well as a **GARAGE LIABILITY INSURANCE POLICY** meeting the minimum State Limits which will afford liability protection for the customer's vehicle while it is being tested or used in connection with the inspection of the vehicle.

GARAGE KEEPER'S LEGAL LIABILITY INSURANCE NAME, NUMBER AND EFFECTIVE DATES

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I, (we) further agree to accept the responsibility from the State of Rhode Island to inspect vehicles in accordance with the State's Inspection Laws and to provide at least one qualified inspector and one approved inspection lane or bay, throughout the year, during my normal inspection hours as declared above. Any violation of the rules and regulations of the Inspection Laws by me or my employees will be cause for suspension or revocation of the appointment as an Official Inspection Station.

SIGNATURE OF RESPONSIBLE AGENT OF ABOVE STATION _____

TITLE AND HOME TELEPHONE NUMBER OF
PERSON SIGNING APPLICATION _____

Subscribed and sworn to me this _____ Day of _____, 20____

SIGNED _____
(NOTARY PUBLIC)

PLEASE ENCLOSE \$25.00 CHECK OR MONEY ORDER - DO NOT MAIL CASH
BE SURE TO COMPLETE THE REVERSE SIDE OF THIS APPLICATION

CORPORATION NAME AND ADDRESS _____

List all persons who are owners, partners or corporation officers.

(NAME)	(HOME ADDRESS)	(TITLE)

LIST ALL PERSONS WHO ARE STATE CERTIFIED EMPLOYEES OF THIS STATION

PRINT NAME _____	INSPECTOR'S _____
HOME ADDRESS _____	CERTIFICATION NO. _____
PRINT NAME _____	INSPECTOR'S _____
HOME ADDRESS _____	CERTIFICATION NO. _____
PRINT NAME _____	INSPECTOR'S _____
HOME ADDRESS _____	CERTIFICATION NO. _____
PRINT NAME _____	INSPECTOR'S _____
HOME ADDRESS _____	CERTIFICATION NO. _____

Add additional sheet if necessary

Class A: All motor vehicles and all trailers registered with a gross weight of more than 1,000 lbs. EXCEPT Livestock trailers, Livestock semi-trailers and motorcycles.

Class B: All motor vehicles that are registered with a gross weight of 8,500 lbs. or less, EXCEPT trailers, livestock semi-trailers and Motorcycles.

Class C: All motor vehicles registered with a gross weight of more than 8,500 lbs. and all trailers registered with a gross weight of more than 1,000 lbs. EXCEPT livestock trailers, livestock semi-trailers and motorcycles.

Class D: May be added to any class for diesel inspections.

Class F: May be added to any class that is limited to FLEETS ONLY.

Class L: Livestock trailers and livestock semi-trailers ONLY.

Class LD: Light duty vehicles only. Limited to vehicles with a gross vehicle weight of 8,501 thru 15,000 pounds., EXCEPT trailers, livestock semi-trailers and motorcycles.

Class M: Motorcycles, motorized bicycles, motorized tricycles.

NO INSPECTION PERMIT SHALL BE ASSIGNED OR TRANSFERRED OR USED AT ANY LOCATION OTHER THAN THEREIN DESIGNATED.

NO INSPECTION PERMIT SHALL BE ASSIGNED TO A LOCATION THAT IS CURRENTLY ASSIGNED A PERMIT OF A SIMILAR CLASS.